

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes You No

(CFA-4) Summary Sheet

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|--|--|--------------------------------------|-------------------------|------------|--|--|--|--|
| | COMMITTE INFORMATION | | | | | | | |
| 1. Full Name of Committee (as on Statement of Organization | 7 | атте | | | | | | |
| CTTY Yes NOCITICAL | ACTION COMMI | | <u>ee</u> | | | | | |
| 2. Acronym br Abbrevisted Name (if any) | 3. Committee Telephone Number | | | | | | | |
| 4. Malling Address (address where all campaign finance of | Charleson is account. | speck if thi | s is a new a | driess | | | | |
| 12655 Brond Moon | | | | | | | | |
| 5. City State, ZIP Code FIShens, IN 460 | 6. Party | 6. Party Affiliation (if applicable) | | | | | | |
| | FORMATION (For Candidate's Co | minite | res Only) | | | | | |
| 7. Full Name of Candidate (include any nickname) | 8. Party Affiliation or if Independent Candidate | | | | | | | |
| G Office Cought Anglush district symbol if any Mademan | | 10 Cm | 40 Ownty - Decidence | | | | | |
| 9. Office Sought (Include district number, if any. Not require | es for exploratory commutee. | 10. C Q | 10. County of Residence | | | | | |
| AMPE OF | REFORT | | | CONVENTIO | N CANDIDIATES ONLY | | | |
| 11. Check one: | ACL ON I | | | Check one: | | | | |
| Pre-Primary Pre-Election Annual Nomenation | Other | | | Pre-Com | rention | | | |
| Final/Disbands Committee (Sues 18, 19, and 20 must be "0") U Outg | Organization |) | Post-Con | vention | | | | |
| 12. Reporting Period: | | | | JIN A | COLUMN B | | | |
| From: Throu | gh: | | This | Period | Year to Date | | | |
| 13. Cash on hand and investments at the beginning of this | reporting period. | | 10 | 5,67 | | | | |
| 14. Cash on hand and investments January 1, current year | | | | 105.67 | | | | |
| CONTRIBUTIONS AND | RECEIPTS | | | | | | | |
| (Note: these amounts include in-kind contributions and loar | s, as well as cash contributions.) | | | | | | | |
| 15a. itemized (use Schedule A) | | | | 100 | 100 | | | |
| 15b. Uniternized | | | | 100 | 70- | | | |
| 15c. Add lines 15e and 15b in both columns | TAL | 1 10 / | | 1-7 (0) | | | | |
| 16. Add lines 13 and 15c in Column A and lines 14 and 15c | DTAL | 106 | .67 | 106.67 | | | | |
| EXPENDITUR | | | | | | | | |
| (Note: These amounts include in-kind expenditures and load | | | | | | | | |
| 17a. Itemized (use Schadule B) (Public Question: use Sche | dule C) | | | | | | | |
| 17b. Unitemized | | | | | | | | |
| 17c. Add lines 17a and 17b in both columns | SUBT | | | | | | | |
| 18. Cash on hand and investments at close of this reporting period (| subtract 17c from 16 in both columns) | TOTAL | 106. | 67 | 106.67 | | | |
| 19. Debts OWED BY the committee (use Schedule D) | | | | | . " | | | |
| 20. Debts OWED TO the contmittee (use Schedule E) | | | | | | | | |
| OFF | TIFICATION | | | COOKIE | CANTOS NO LIMAN OROFFICE USE ONLY | | | |
| | OF MY KNOWLEDGE AND BELIEF IT IS TRI | UE CORR | ECT AND COM | | PEGGY BEA | | | |
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| | | D | ete / | | over the p = ₹ | | | |
| | or sale or used for any commercial purpose. (Il | C 3-9-4-5) | А регвол черо | | and the state of t | | | |
| | arson who fells to file a complete or accurate and may be subject to civil penalties. (IC 3-9-4 | report as | required by th | e indiane | | | | |